

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	1111111111						51									
2							52									
3							53									
4							54									
5							55									
6							56									
7							57									
8							58									
9	1111111111						59									
10	1						60									
11	1111111111						61									
12	1111111111						62									
13	1						63									
14	1						64									
15	1						65									
16	1						66									
17	1						67									
18	1						68									
19	1						69									
20	1						70									
21	1						71									
22							72									
23							73									
24							74									
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47							97									
48							98									
49							99									
50							100									
TOTAL IND.	3						TOTAL IND.									
TOTAL DEP.	7						TOTAL DEP.									
TOTAL CLAIMS	10						TOTAL CLAIMS									